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Local Government Interim Committee 65th Montana Legislature

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Summary for LC VFF2

LC VFF2 would allow, but not require, emergency care providers to provide community-integrated health care within a scope of practice defined by the Board of Medical Examiners, which licenses emergency care providers. Current statutes limit emergency care providers to emergencies at the scene of an accident or illness and during transport. See Section 15 – crossed out language.

Because the Board of Medical Examiners changed the term of emergency medical technicians to emergency care providers and references to emergency medical technicians were not changed in several other statutes, the bill is long but necessary if legislators want to make certain that all types of emergency care providers are eligible for situations where now only one type – emergency medical technicians – are described in statute. Emergency care providers are defined on p. 6 under 37-3-102 as a person licensed by the Board of Medical Examiners including an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, and a paramedic.

Bill Sections:

Key Changes:

Sections Revising Terminology

Sections 1, 2, 3, 7, 8, 9, 10, 11, 17, 18, 22, 23, 25, 26

Sections Allowing Community-Integrated Health Care

Sections 4, 5, 6, 12, 13, 14, 15, 16, 19, 20, 21, 24

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| Section 1 | Revises reference to emergency care provider (not EMT) and includes reference to community paramedicine knowledge for ECP member of Board of Medical Examiners. |
| Section 2 | Revises reference to emergency care provider (not EMT) |
| Section 3 | Revises reference to emergency care provider (not EMT) |
| Section 4 | Provides a definition of community-integrated health care. Suggested language change in subsections 7 and 8 to clarify that a person with an enhanced endorsement is allowed to provide community-integrated health care. |
| Section 5 | Specifically requires rules adopted for emergency care providers to address a role in community-integrated health care. Revises reorganization approach from SB 104 to incorporate rule reference under subsection (1)(a) with the other rule references. |
| Section 6 | Updates to recognize addition of new definition. |
| Section 7 | Revises reference to emergency care provider (not EMT) |
| Section 8 | Revises reference to emergency care provider (r |

Local Government Interim Committee

July 11-12, 2018

Exhibit 11

Section 9	Revises reference to emergency care provider (not EMT)
Section 10	Revises reference to emergency care provider (not EMT).
Section 11	Revises reference to emergency care provider (not EMT)\
Section 12	Revises and simplifies wording for legislative purpose behind emergency medical services program. More generically refers to lack of medical, not just emergency care. Provides new subsection (2) describing community-integrated health care and explains the idea of reducing incidence of emergency calls and hospital visits through community outreach, health education, and referral services. Adds community-integrated health care to the new subsection (3).
Section 13	Provides directions to the Department of Public Health and Human Services to collaborate with other components of the health care system and to accordingly provide guidance to ambulance services regarding community-integrated health care. The effort of this subsection is to indicate no requirement to participate but to allow participation.
Section 14	Includes community-integrated health care as an area for which the Board of Medical Examiners is to provide patient-care standards.
Section 15	Revises the statute that currently appears to limit emergency care providers to emergency care at the scene and during transport. Incorporates community-integrated health care into legislatively recognized services.
Section 16	Revises definition of emergency care providers to include an enhanced endorsement that allows community-integrated health care practices.
Section 17	Revises reference to emergency care provider (not EMT)\
Section 18	Revises reference to emergency care provider (not EMT)\
Section 19	Adds community-integrated health care to emergency medical services options.
Section 20	Revises definitions of emergency medical services to include treatment services not just prehospital or interfacility transport.
Section 21	Includes in the duties of the Department of Public Health and Human Services a review of the type and conditions of equipment and procedures used by emergency services, including prehospital and out-of-hospital care services. At the end of section 21, some language is stricken as redundant because the Montana Administrative Procedure Act, Title 2, chapter 4, already requires what is listed in subsection 6.
Section 22	Revises reference to emergency care provider (not EMT)\
Section 23	Revises reference to emergency care provider (not EMT)\
Section 24	Revises definition of emergency care provider to match previous definitions and include community-integrated health care.
Section 25	Revises reference to emergency care provider (not EMT)\
Section 26	Revises reference to emergency care provider (not EMT)\

Suggested effective date is July 1, 2019, to meet budget years.